



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Financial Affairs Section / Analytical Unit 0576
500 James Robertson Parkway, 4th Floor
Nashville, Tennessee 37243
(615) 741-1633

Date:

Company:
Company Contact:
Address:
City, ST Zip:

**RE: STATUTORY ADDRESS CHANGE FOR
Sample Insurance Company (NAIC# 99999)**

To Whom It May Concern:

This will acknowledge receipt of your notification concerning the statutory address change. To allow this Department to properly record the change of address, the following documents must be filed:

PLEASE PROVIDE	ITEM
<input checked="" type="checkbox"/>	Amended Articles of Incorporation reflecting the address change, properly certified by the Domiciliary State.
<input checked="" type="checkbox"/>	Board Resolution authorizing the address change, bearing original certification (not a photocopy) by the Corporate Secretary.
<input checked="" type="checkbox"/>	The original Certificate of Authority issued to <u>Sample Insurance Company</u> by the Tennessee Department of Insurance, or an Affidavit of Lost or Misplaced Certificate.
<input checked="" type="checkbox"/>	New statutory address to be reflected on new Certificate of Authority.
Upon completion of this process, The company will be billed the fee for amending the company's Certificate of Authority, which is the greater of ninety dollars (\$90.00) or Retaliatory.	

Please provide an e-mail address. Should you have any questions, feel free to contact me at (615) 741-1670, or at phil.adams@state.tn.us.

Regards,

Phil Adams
Analyst